



DEPARTMENT OF HEALTH & HUMAN SERVICES

Region VI
Health Care Financing
Administration
1301 Young Street
Room 833
Dallas, Texas 75202

May 28, 1998

Our Reference: WA-OK#0256.90.03

Mr. Michael Fogarty
State Medicaid Director
Oklahoma Health Care Authority
4545 North Lincoln Boulevard - Suite 124
Oklahoma City, Oklahoma 73105

Dear Mr. Fogarty:

I am pleased to inform you that your amendment request for the Oklahoma Home and Community-Based Services (HCBS) Waiver 0256.90 has been approved with an effective date of July 1, 1997. This HCBSW program, as authorized under the provisions of 1915(c) of the Social Security Act, provides home and community-based services as an alternative to institutional long term care services for the aged and disabled. This amendment has been assigned control number 0256.90.03. This control number should be used in all future correspondence regarding the waiver.

Specifically, this amendment increases the maximum number of individuals authorized to be served in the waiver in years two through five. In addition, the cost effectiveness estimates for Factor "D" located in Appendix G have been revised to reflect the new information.

The following estimates of utilization and cost of waiver services have been approved:

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor "D"</u>
2	6, 798	\$1, 884.00
3	11, 730	\$2, 274.00
4	15, 632	\$2, 642.00
5	18, 637	\$2, 835.00

For your convenience, we have enclosed a copy of the approved waiver replacement pages. If you have any questions, please contact Joe Reeder at (214) 767-6279.

Sincerely,

James Randolph Farris, M.D.
Regional Administrator

Enclosure

cc: Director,
Center for Medicaid and State Operations

Oklahoma Amendment No. 0256.90.03
Page Changes

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|-----|---|-----------------|
| (1) | Appendix G-1, Cost Neutrality Formula | Page 40 |
| (2) | Factor C: Number of Individuals Served | Pages 41- 41e |
| (3) | Appendix G-2, Factor D | Pages 43a - 43d |
| (4) | Appendix G-8, Cost Neutrality Demonstration | Pages 51 - 52 |